

**Utah Government Records Request Form  
Brigham City Police Department**

Case Number: \_\_\_\_\_

Description of records sought (records must be described with reasonable specificity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I would like to inspect (view) the records.
- ☐ I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges as permitted by UCA 63-2-203. I authorize costs of up to \$10.00 per report.
- ☐ UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because:
- ☐ Releasing the record primarily benefits the public rather than a person. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I am the subject of the record.
- ☐ I am the authorized representative of the subject of the record.
- ☐ My legal rights are directly affected by the record and I am impoverished.

If the requested records are not public, please explain why you believe you are entitled to access.

- ☐ I am the subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. Documentation required by the UCA 63-2-202, is attached.
- ☐ Other. Please explain: \_\_\_\_\_  
\_\_\_\_\_
- ☐ I am requesting expedited response as permitted by UCA 63-2-204 (3)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime telephone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_